FORM D

**UNITED STATES** SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## FORM D



## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR JAIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response16.00

OMB ADDDOMAI

SEC	USE ONLY
Prefix	Serial
DATE	RECEIVED

Name of Offering ( Check if this is an a 2003 Private Placement	amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply):  Type of filing:  New Filing	☐ Rule 504 ☐ Rule 505 ☐ Rule 506 ☐ Amendment (Final)	Section 4(6) ULGE GENERAL STATES
	A. BASIC IDENTIFICATION DA	TA Stranger Stranger
1. Enter the information requested about the		WAR 3 1 2003
Name of Issuer ( Check if this is an amo	endment and name has changed, and indicate change.)	
On-Board Communications, Inc		**************************************
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
12720 Hillcrest Road, Suite 300,		(214) 346-0300
Address of Principal Business Operations (if different from Executive Offices) N/A	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		PPACECEN
Designing, developing and mark	eting vehicle management and communicati	on products and services. FRUCEOUED
		MAR 2 9 2005
Type of Business Organization		· · · · · · · · · · · · · · · · · · ·
☑ corporation	limited partnership, already formed	other (please specify):
business trust	limited partnership, to be formed	FINANCIAL
Actual or Estimated Date of Incorporation	Month Year or Organization: 1 0 0 1	☐ Actual ☐ Estimated
	on: (Enter two-letter U.S. Postal Service abbreviation for S	
	Canada; FN for other foreign jurisdiction)	TX
GENERAL INSTRUCTIONS		<del>, , , , , , , , , , , , , , , , , , , </del>
Federal:		
Who Must File: All issuers making an of 77d(6).	fering of securities in reliance on an exemption under Ro	egulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
Exchange Commission (SEC) on the earl		offering. A notice is deemed filed with the U.S. Securities and en below or, if received at that address after the date on which it is
Where to File: U.S. Securities and Exch	nange Commission, 450 Fifth Street, N.W., Washington	, D.C. 20549.
Copies Required: Five (5) copies of this photocopies of the manually signed copy		be manually signed. Any copies not manually signed must be
Information Required: A new filing mus	t contain all information requested. Amendments need of	only report the name of the issuer and offering, any changes thereto, oplied in Parts A and B. Part E and the Appendix need not be filed
Filing Fee: There is no federal filing fee	e.	
State: This notice shall be used to indicate relianthat have adopted this form. Issuers relyimade. If a state requires the payment of a	nce on the Uniform Limited Offering Exemption (ULOE ng on ULOE must file a separate notice with the Securiti a fee as a precondition to the claim for the exemption, a	) for sales of securities in those states that have adopted ULOE and es Administrator in each state where sales are to be, or have been fee in the proper amount shall accompany this form. This notice constitutes a part of this notice and must be completed.
State: This notice shall be used to indicate relianthat have adopted this form. Issuers relyimade. If a state requires the payment of a	nce on the Uniform Limited Offering Exemption (ULOE ng on ULOE must file a separate notice with the Securiti a fee as a precondition to the claim for the exemption, a	es Administrator in each state where sales are to be, or have been fee in the proper amount shall accompany this form. This notice

the filing of a federal notice.

	<b>.</b>	• •	vote or disposition of, 10% or mo		•
Each executive off	icer and director of co	rporate issuers and of corporate	general and managing partners of	partnership issuers; and	d
Each general and r	nanaging partner of pa	artnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Kennedy, William C. Jr					Wanaging Fartie
Full Name (Last name first, if	individual)		-		
12720 Hillcrest Road, S					
Business or Residence Addres	ss (Number and Street	, City, State, Zip Code)			
				.=	-
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Kennedy, Donald M.					wanagaig raimei
Full Name (Last name first, if	individual)				
12720 Hillcrest Road, S	uite 300, Dallas,	Texas 75230			
Business or Residence Addres	ss (Number and Street	, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
***					
Full Name (Last name first, if	individual)				
Business or Residence Address	os (Number and Street	City State Tin Code)			
Dusiness of Residence Address	ss (Number and Street	, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or
Check Bon(os) that rippin		switch			Managing Partner
Full Name (Last name first, if	individual)	<del></del>			
Business or Residence Addres	ss (Number and Street	, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or
					Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Street,	, City, State, Zip Code)			
Charle Day(as) that Ample	D P	☐ Beneficial Owner	D F	□ Diseases	General and/or
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	Managing Partner
Full Name (Last name first, if	`individual)		· · · · · · · · · · · · · · · · · · ·		
riamie (mase manie mist, m	,				
Business or Residence Address	ss (Number and Street	, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or
					Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Street	, City, State, Zip Code)			
	<del></del>				
	(Use blank	sheet, or copy and use addit	tional copies of this sheet, as n	ecessary).	

Enter the information requested for the following:

Each promoter of the issuer, if the issuer has been organized within the past five years;

i				B. I	NFORMATI	ION ABOU	COFFERIN	G 💮	y dr. :			
											Yes	No
1. Has the is	ssuer sold, or	does the issue	er intend to se	ell, to non-acc	credited invest	tors in this of	ffering?					$\boxtimes$
				Answer also	o in Appendix	, Column 2,	if filing unde	r ULOE.				
2. What is the	he minimum	investment th	at will be acc	epted from a	ny individual?	·	•••••				\$2	5,000
											Yes	No
3. Does the	offering perm	nit joint owne	rship of a sin	gle unit?	••••••			•••••			$\boxtimes$	
remuner agent of	ation for solic a broker or de	itation of pure aler registered	hasers in con I with the SEG	nection with: Cand/or with	sales of securi	ties in the off es, list the nar	ering. If a per ne of the brok	rson to be liste er or dealer. 1	ed is an associ If more than fi	ion or similar ated person or ve (5) persons		
Full Name (I	Last name fir	st, if individu	al)									
Business or F	Residence Ad	dress (Numb	er and Street,	City, State, 2	Zip Code)							
Name of Ass	ociated Broke	er or Dealer					<del></del>			<u>.</u>	ett kallend	
States in Whi	ich Person Li	sted Has Solie	cited or Inten	ds to Solicit F	Purchasers							
(0	Check "All St	ates" or check	c individual S	tates)							☐ All S	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Business or R Name of Asso			er and Street,	City, State, Z	Cip Code)							
States in Whi	ch Person Lis	ted Has Solic	ited or Intend	ls to Solicit P	urchasers		- ···· ,					
(C	heck "All Sta	ites" or check	individual St	tates)							☐ All S	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI] Full Name (I	[SC] ast name firs	[SD] t, if individua	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Business or R	esidence Add	Ires (Numbe	er and Street	City State 7	'in Code)							
		iress (realine)										
Name of Asso	ociated Broke	r or Dealer										
States in Whi					urchasers	<del></del>		<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>		<u> </u>
`	heck "All Sta			ŕ								
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	(PA)
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF	PROCEEDS		
١.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	¢	_	\$	750,000
	Equity	_		\$ \$	250,000
	⊠ Common ☐ Preferred	» –	250,000	. 3	230,000
	Convertible Securities (including warrants)	¢		\$	
	Partnership Interests			e.	
	Other (Specify)	_		\$	
	Total	_		_	1,000,000
		2 -	1,000,000	3	1,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
۷.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		14	\$	1,000,000
	Non-accredited Investors	_		\$	
	Total (for filings under Rule 504 only)	_		\$	
	Answer also in Appendix, Column 4, if filing under ULOE.	_	<del></del>		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of offering		Type of Security		Dollar Amount Sold
	Rule 505		•	\$	
	Regulation A	_		\$	
	Rule 504	-		\$	
	Total	-		\$	
<b>1</b> .	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	_			
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs	•••••		\$	0
	Legal Fees			\$	12,000
	Accounting Fees			\$	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify) Service fees associated with service fees including negotiations with franchisor, market review, site analysis and construction evaluation, search for executive staff, arranging debt financing	preli	minary		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	diligencediligence			\$	
				_	12 000

C. OFFERING PR	ICE, NUMBER OF INVESTORS, EXPENSE	S AN	) USE	OF PROCEEDS			
b. Enter the difference between the aggregate pric to Part $C-$ Question 4.a. This difference is the "a		al expe	nses fu	rnished in response	\$		988,000
5. Indicate below the amount of the adjusted group purposes shown. If the amount for any purpose i estimate. The total of the payments listed must be Part C - question 4.b above.	s not known, furnish an estimate and check the b	ox to	the lef	t of the			
	•			Payments to Officers, Directors, & Affiliates			Payments To Others
Salaries and fees			\$	397,635		\$	100,034
Purchase of real estate			\$			\$	
Purchase, rental or leasing and installation of ma	chinery and equipment		\$			\$	16,260
Construction or leasing of plant buildings and fac	cilities		\$			\$	
Acquisition of other businesses (including the value be used in exchange for the assets or securities of			s _			s _	120,000
Repayment of indebtedness			\$_			\$_	
Working capital			\$			\$	336,142
Marketing and Advertising			\$			\$	17,929
Column Totals			\$_	397,635		\$_	590,365
Total Payments Listed (column totals added)			1	⊠ \$	988	8,000	
	D. FEDERAL SIGNATURE						
he issue has duly caused this notice to be signed by the ndertaking by the issuer to furnish to the U.S. Securitic coredited investor pursuant to paragraph (b)(2) of Rul	es and Exchange Commission, upon written requ						
suer (Print or Type)	Signature		D	ate			
On-Board Communications, Inc.	William C Frins	Q Co	3	/16/05			
ame of Signer (Print or Type)	Title of Signer (Print or Type)					**-	
Villiam C. Kennedy, Jr.	Co-Chief Executive Officer						
· · · · · · · · · · · · · · · · · · ·							

— ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE	Samuel Anna Carlos							
				Yes	No					
1.	Is any party described in 17 CFR 230.262 prese	ently subject to any of the disqualification provisions of su	ch rule?		$\boxtimes$					
	See Appendix, Column 5, for state response.									
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.									
3.	The undersigned issuer hereby undertakes to fu	rnish to the state administrators, upon written request, inf	ormation furnished by the issuer to of	ferees.						
4.		is familiar with the conditions that must be satisfied to be erstands that the issuer claiming the availability of this exer								
The pers		intents to be true and has duly caused this notice to be sign	ned on this its behalf by the undersig	ned duly a	uthorized					
Issu	er (Print or Type)	Signature	Date							
On	-Board Communications, Inc.	William C Verne 2018.	3/16/05							
Nan	ne of Signer (Print or Type)	Title of Signer (Print or Type)								
Wi	lliam C. Kennedy, Jr.	Co-Chief Executive Officer								

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## APPENDIX

1	2 Intend to sell		3 Type of security and aggregate		Disqua under St	5 lification ate ULOE , attach					
	to non-actinvestors (Part B -	credited in State	offering price offered in state (Part C – Item 1)		Type of investor and amount purchased in State (Part C – Item 2)						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL		х	1 Unit (\$37,500 Note 25,000 Shares)	1	\$50,000				x		
AK	į										
AZ											
AR											
CA		X	8 Units (\$37,500 Note 25,000 Shares)	9	\$400,000				X		
со											
СТ								-			
DE											
DC											
FL								777			
GA											
HI											
ID											
IL											
IN											
IA											
KS											
KY											
LA											
ME											
MD											
MA							<del></del>				
MI											
MN											
MS											
МО											

1		2	3 Type of security		5 Disqualification under State ULOE											
	Intend to sell to non-accredited investors in State (Part B – Item 1)		and aggregate offering price offered in state (Part C – Item 1)	Type of investor and amount purchased in State (Part C – Item 2)			amount purchased in State		amount purchased in State		amount purchased in State		amount purchased in State		(if yes explan waiver	, attach ation of granted) - Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No							
MT																
NE																
NV																
NH																
NJ																
NM																
NY					0											
NC																
ND																
ОН																
OK																
OR																
PA																
RI																
SC																
SD																
TN																
TX		х	10 Units (\$37,500 Note 25,000 Shares)	3	\$500,000				х							
UT																
VT																
VA		х	1 Unit (\$37,500 Note 25,000 Shares)	1	\$50,000				х							
WA																
WV				_												
WI																
WY				_												
PR																